

City of Franklin Department of City Development
Land Combination

Ashley Booth, Planner 9229 W. Loomis Road Franklin, WI 53132	Tere Wilson, Secretary Monday – Friday 8:30 a.m. to 5:00 p.m.	Ryan Mentkowski, Planner (414) 425-4024 Fax (414) 427-7691
twilson@franklinwi.gov		

Application & General Submittal Information
[Conferences and Submittals]

All Land Combination applications must be prepared in accordance with the instructions and information requirements contained herein as well as requirements of the City of Franklin Unified Development Ordinance (UDO). Applicants may appear before the City Plan Commission for a review before making a formal submittal.

A pre-application conference is required before Land Combination application submittal. **A preliminary sketch shall be provided.** Concerns including zoning, land use, access, environmental preservation, grading, etc. may be addressed.

- ☐ **Submittals by appointment only.** Please call Planning Secretary for appointment.

Application packets shall include: *(Staff may require additional information as needed.)*

- ☐ **Completed Application Form**
- ☐ **Processing Fee:** \$400.00, payable to City of Franklin
- ☐ **Owner Verification** If the applicant is not the owner of record, the legal owner's signature must be on the application OR a letter of authorization from the owner must accompany the application.
- ☐ **Letter of Intent and Project Description**
- ☐ **Submittal Copies** A submittal is not complete and will not be reviewed until correct number of sets, collated and folded to 8-1/2" x 11", are submitted:
- ☐ **Twelve (12)** sets of each plat of survey.
- ☐ **Legal Description** Please type or print legibly on a separate sheet of paper.

Incomplete applications will not be accepted.

Caution: NO disturbance of land, including grading, brush cutting and filling, without submittal of a Natural Resource Protection Plan, is allowed.
--

City of Franklin Department of City Development Application

Project Name _____

PROPERTY INFORMATION

Tax Key Number(s) _____

Property Address or Section & 1/4 Section _____

Current Zoning _____ Proposed Zoning (if applicable) _____

Present Use _____ Intended Use _____

APPLICANT If the applicant is not the owner of record, the legal owner/owners' signature must be on the application OR a letter of authorization from the owner must accompany the application.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

CONTACT PERSON FOR PROJECT

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Applicant agrees that any approval issued on representations made in this submittal, and any subsequently issued building permits or other type of permits may be revoked without notice if there is a breach of representations or conditions of approval. Applicant/owner by signature understands and accepts responsibility for completion of all required on-site and off-site improvements as shown and approved on final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

By the execution of this Application, Applicant authorizes the City of Franklin or its agents to enter upon the property between 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection. Applicant grants this authorization even if Applicant has posted this property against trespassing pursuant to Section 943.13 Wis. Stats.

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of Applicant's knowledge; and (2) APPLICANT HAS READ AND UNDERSTANDS ALL INFORMATION IN THIS PACKET.

Applicant's Signature: _____ **Date:** _____

Owner(s).

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Owner's Signature: _____ **Date:** _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Owner's Signature: _____ **Date:** _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Owner's Signature: _____ **Date:** _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Owner's Signature: _____ **Date:** _____

LAND COMBINATION CHECKLIST

Date of Submittal			
Tax key ID #			
Project Name			
Staff Use	Complete or NA	Required Information	Ordinance #
		Name, address and telephone number of the applicant, property owner(s), owner's agent and developer	15-9.0312-A-1
		A description of each of the properties involved by lot number, block number, subdivision name, certified survey map number or by metes and bounds	15-9.0312-A-2
		Address of each parcel to be combined	15-9.0312-A-2
		Milwaukee County tax key number of each parcel	15-9.0312-A-2
		Zoning district for each parcel to be combined	15-9.0312-A-2
		Comprehensive Master Plan Land Use District designation of each parcel to be combined	15-9.0312-A-2
		Present and proposed use of the parcels	15-9.0312-A-2
		Area of each parcel to be combined (acres/square feet)	15-9.0312-A-2
		A metes and bounds description, legal description, and/or boundary survey of the parcels to be combined graphically showing the relationship to street access and to adjoining properties	15-9.0312-A-3
Signature of the person preparing this checklist			

Staff Notes

Staff Initials



This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.